TEMPORARY BLINDNESS FROM QUININE.

An unusual case of blindness following the use of quinine is reported by **DR. FLAVEL B. TIFFANY** in the *Denver Medical Times*, June, 1890. The patient, a lawyer thirty-four years old, had been in the habit of taking quinine in small doses, from which he promptly got the physiological action. On the evening of February 18th the following prescription was ordered:

℞.—Quiniæ sulph.	grs. xl.
Opii et ipecac. comp.	grs. xij.—M.

Ft. capsul. viij. Sig. Two capsules every three hours.

The patient took within eight hours, beginning at eight on the evening of February 18th, a total of thirty grains of quinine in divided doses. Half an hour after the last dose he was able to tell the time by his watch, but four hours later he was totally blind.

On the morning of the 19th the pupils were fully dilated and non-responsive to light. He was unable to recognize even a pencil of light when flashed into the eyes by an ophthalmoscope. The optic nerve and retina were blanched and anæmic.

On the 21st the patient could recognize a flash of light. The retina was still anæmic, the veins greatly engorged and tortuous. On the night of the 23d he could count fingers, if before a bright light. On the 28th he could make out the headings of newspaper articles. On March 1st objects could be seen more plainly, and the retina had regained to some extent its normal color, yet it was blanched and the disk was especially anæmic. Four days later he could read an ordinary newspaper, but as though he were reading by twilight. By March 24th the vision had greatly improved, of the right eye $\frac{24}{40}$th, of the left $\frac{20}{30}$th, but the perimeter revealed a limited field of vision, especially in the vertical direction of the peripheral field.

SIEGESBECKIA ORIENTALIS IN DERMATOLOGY.

In the island of Mauritius this remedy enjoys a reputation for the relief of certain diseases of the skin. **HUTCHINSON** has used locally a tincture of siegesbeckia in herpes circinata, sycosis, and pityriasis versicolor. It is said to act as a stimulant and parasiticide.—*Journal de Médecine de Paris*, June 22, 1890.

MEDICINAL GELATINS.

Of recent years **UNNA**, as is well known, has given much time to the study of these forms of applications.

These preparations are indicated in superficial inflammatory affections, when the skin is swollen, wet, and itchy. Very high temperatures and profuse sweating forbid their use.

For a general basis the following formula is given, the figures within parentheses being used when a hard zinc-gelatin is wanted:

℞.—Zinc oxide	15 (10) per cent.
Gelatin	15 (30) "
Glycerin	25 (30) "
Water	45 (30) "

In adding other drugs, the following directions may be useful:

(1) Cerussa, iodide of lead, white precipitate, sulphur, iodoform, chrysarobin, in fine powder, may be mixed in any proportion required. A proportion of five to ten per cent. added to soft zinc-gelatin is recommended.

(2) Carbolic and salicylic acids, resorcin, naphthol, creasote, and sulphide of potassium may be added to the hard gelatin in any proportion up to ten per cent.

(3) Fats, balsams, tars, and ichthyol all make the basis softer. The proportion added is usually from ten to twenty per cent.

(4) If we wish to combine drugs in 2 and 3, then the sum of the proportions must be attended to. For example, if resorcin and salicylic acid were both ordered, we should not prescribe more than five per cent. of each, if we wish the gelatin to form a good covering.

(5) Powders may be combined in any proportion.

(6) Tannin, pyrogallol, and oxide of mercury cannot be added to the basis.

(7) Corrosive sublimate, up to three per cent.; and camphor-chloral to two per cent.; ext. cannab. indic., from two to five per cent., may be used with soft zinc-gelatin.

The chemist is to dispense the different glues in pots, which are to be put boiling in water when the preparation is to be used. It is to be painted on the skin with a long-haired brush.

The diseases of the skin in which Unna's glues are recommended are:

Pruritus: Zinc-glue with ext. cannab. indic., chloral-hydrate, carbolic acid, creasote, salicylic acid, camphor, camphor-chloral, etc.

Artificial erythema and eczema: Two per cent. ichthyol, or five per cent. sulphur, instead of ordinary dusting powders.

Eczema intertrigo: Hard zinc-glue with ten per cent. ichthyol or five per cent. resorcin.

Eczema, with great itching: Two per cent. ichthyol or five per cent. ext. cannab. indic.

Peeling after acute eczema: Two per cent. ichthyol or resorcin, five per cent. sulphur, or one per cent. salicylic acid.

Ichthyosis: Two per cent. resorcin or five per cent. sulphur and ten per cent. fat.

Wounds and ulcers: Iodoform zinc-glue.

Acne pustulosa: After opening the pustules, paint with twenty per cent. bichloride of mercury, with or without two per cent. salicylic acid added to the zinc-glue.

The soft zinc-glue will form a useful protection to the sound skin near diseased areas to which strongly irritating applications have to be made.—*American Journal of Pharmacy*, July, 1890.

TREATMENT OF CHOLERA.

From his experience in India, where cholera is more prevalent than in England, SURGEON-MAJOR G. C. ROSS makes the following recommendations in regard to the treatment of this disease: Injections, subcutaneously, of atropine and morphine; the theory of the action of atropine being that it is an antidote for muscarine—an alkaloid which produces toxic symptoms